

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	378014
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2017 - 06/2018

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	NE	Dundy	310579623002405	2	2	2	0.1	0.1	0.1	Yes
	NE	Dundy	310579623002407	0	0	0	0.47	0.47	0.47	Yes
	NE	Dundy	310579623002408	0	0	0	0.17	0.17	0.17	Yes
	NE	Dundy	310579623002409	2	2	2	0.1	0.1	0.1	Yes
	NE	Dundy	310579623002410	0	0	0	0.04	0.04	0.04	Yes
	NE	Dundy	310579623002411	0	0	0	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002412	0	0	0	0.58	0.58	0.58	Yes
	NE	Dundy	310579623002413	0	0	0	0.02	0.02	0.02	Yes
	NE	Dundy	310579623002414	0	0	0	0.02	0.02	0.02	Yes
	NE	Dundy	310579623002423	3	3	3	0.09	0.09	0.09	Yes
	NE	Dundy	310579623002424	0	0	0	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002425	2	2	2	0.09	0.09	0.09	Yes
	NE	Dundy	310579623002426	7	7	7	0.16	0.16	0.16	Yes
	NE	Dundy	310579623002427	0	0	0	0.98	0.98	0.98	Yes
	NE	Dundy	310579623002429	1	1	1	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002430	0	0	0	0.28	0.28	0.28	Yes
	NE	Dundy	310579623002431	0	0	0	0.21	0.21	0.21	Yes
	NE	Dundy	310579623002432	9	9	9	0.14	0.14	0.14	Yes
	NE	Dundy	310579623002433	0	0	0	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002434	3	3	3	0.14	0.14	0.14	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

99

(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
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<010> Study Area Code 378014
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2018
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2017 - 06/2018

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Dundy	310579623002435	2	2	2	0.1	0.1	0.1	Yes
NE	Dundy	310579623002436	1	1	1	0.11	0.11	0.11	Yes
NE	Dundy	310579623002437	1	1	1	0.13	0.13	0.13	Yes
NE	Dundy	310579623002438	3	3	3	0.07	0.07	0.07	Yes
NE	Dundy	310579623002439	5	5	5	0.07	0.07	0.07	Yes
NE	Dundy	310579623002440	4	4	4	0.1	0.1	0.1	Yes
NE	Dundy	310579623002441	5	5	5	0.11	0.11	0.11	Yes
NE	Dundy	310579623002442	2	2	2	0.07	0.07	0.07	Yes
NE	Dundy	310579623002443	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002444	0	0	0	0.15	0.15	0.15	Yes
NE	Dundy	310579623002445	6	6	6	0.14	0.14	0.14	Yes
NE	Dundy	310579623002446	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002447	11	11	11	0.07	0.07	0.07	Yes
NE	Dundy	310579623002448	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002449	1	1	1	0.11	0.11	0.11	Yes
NE	Dundy	310579623002450	3	3	3	0.11	0.11	0.11	Yes
NE	Dundy	310579623002451	8	8	8	0.1	0.1	0.1	Yes
NE	Dundy	310579623002452	2	2	2	0.1	0.1	0.1	Yes
NE	Dundy	310579623002453	1	1	1	0.1	0.1	0.1	Yes
NE	Dundy	310579623002454	0	0	0	0.07	0.07	0.07	Yes

Percentage of
 Total Population
 Reached by
 Service

100

Percentage of Total
 Road Miles covered
 by Service

99

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	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	NE	Dundy	310579623002455	5	5	5	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002456	0	0	0	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002457	5	5	5	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002458	3	3	3	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002459	4	4	4	0.1	0.1	0.1	Yes
	NE	Dundy	310579623002460	0	0	0	0.13	0.13	0.13	Yes
	NE	Dundy	310579623002461	0	0	0	0.1	0.1	0.1	Yes
	NE	Dundy	310579623002462	2	2	2	0.1	0.1	0.1	Yes
	NE	Dundy	310579623002463	1	1	1	0.08	0.08	0.08	Yes
	NE	Dundy	310579623002464	2	2	2	0.05	0.05	0.05	Yes
	NE	Dundy	310579623002465	2	2	2	0.11	0.11	0.11	Yes
	NE	Dundy	310579623002470	5	5	5	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002471	3	3	3	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002472	0	0	0	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002473	4	4	4	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002474	0	0	0	0.06	0.06	0.06	Yes
	NE	Dundy	310579623002475	4	4	4	0.02	0.02	0.02	Yes
	NE	Dundy	310579623002480	2	2	2	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002481	4	4	4	0.07	0.07	0.07	Yes
	NE	Dundy	310579623002482	1	1	1	0.14	0.14	0.14	Yes

Percentage of
 Total Population
 Reached by
 Service

100

Percentage of Total
 Road Miles covered
 by Service

99

(060) Coverage and Performance Report

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<015>	Study Area Name	378014
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<030>	Contact Name - Person USAC should contact regarding this data	2018
<035>	Contact Telephone Number - Number of person identified in data line <030>	Mike Felicissimo
<039>	Contact Email Address - Email Address of person identified in data line <030>	9705423605 ext.
<140>	Coverage and Performance Report Year	mike.felicissimo@viaero.com
		07/2017 - 06/2018

[illegible]

100

99

NE Colorado Cellular, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ NE Colorado Cellular, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 690 filed in conjunction with its Auction 901 winning bids.

In the FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the PCS spectrum, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural Nebraska citizens with comparable to those available in urban areas.

As of this date Filer is in the process of testing the 4G services. Filer has completed design, construction and turn up of 4G services.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

Accepted / Filed

JUL -2 2018

Federal Communications Commission
Office of the Secretary

<010> Study Area Code 378015
<015> Study Area Name NE Colorado Cellular, Inc.
<020> Program Year 2018
<030> Contact Name: Person USAC should contact
with questions about this data Mike Felicissimo
<035> Contact Telephone Number:
Number of the person identified in data line <030> 9705423605 ext.
<039> Contact Email:
Email of the person identified in data line <030> mike.felicissimo@viaero.com

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040>



<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)



Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

<010>	Study Area Code	378015
<015>	Study Area Name	NE Colorado Cellular, Inc.
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<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	8314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc
<113>	Street Address (or PO Box)	1224 West Platte Ave
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc
<122>	Street Address (or PO Box)	1224 West Platte Ave
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.com

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

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Coverage and Performance attachments

-SAC_378015_Frontier_NE_Voice_Shapefile-1.zip, -
SAC_378015_Frontier_NE_Broadband_Shapefile-2.zip

Percentage of Total Population Reached by Service

100	
-----	--

Percentage of Total
Road Miles covered
by Service

95

(070) Urban Rate Comparability Certification ComplianceFCC Form 690
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<010> Study Area Code	378015
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<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2018

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378015

Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee:

Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Tribal Lands ReportingFCC Form 690
Approved by OMB
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Page 5 of 8

<010>	Study Area Code	378015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	378015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200> Date Authorized to Receive Support

07/29/2013

<201> Targeted Completion Date

07/30/2016

<202> Total Mobility Fund Support Awarded

85674.05

<203> Total Mobility Fund Support Disbursed

80850.60

<210> Actual Completion Date

04/22/2015

<211> Project Status Description (attached)

211-Nebraska Sites complete-1.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design

☒

<213> Status of Network Deployment - Construction

☒

<214> Status of Network Deployment - Deployment

☒

<215> Status of Network Deployment - Maintenance

☐

<216> Project Budget Status

☐

<217> Project Plan Status

☒

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G☒ 4G

(101) Certification - Reporting Carrier

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2018

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378015

Filing Due Date for this form: 07/02/2018

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(102) Certification - Agent / Carrier

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

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Attachments

(060) Coverage and Performance Report

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 <140> Coverage and Performance Report Year 07/2017 - 06/2018

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Frontier	310639611001225	6	6	6	6.68	6.18	6.18	Yes
NE	Frontier	310639611001241	8	8	8	1.64	1.64	1.64	Yes
NE	Frontier	310639611001270	0	0	0	0.03	0.03	0.03	Yes
NE	Frontier	310639611001271	3	3	3	1.85	1.85	1.85	Yes
NE	Frontier	310639611001362	0	0	0	3.69	3.69	3.69	Yes
NE	Frontier	310639611001378	0	0	0	0.06	0.06	0.06	Yes
NE	Frontier	310639611001398	0	0	0	1.78	1.78	1.78	Yes
NE	Frontier	310639611001406	5	5	5	1.43	1.43	1.43	Yes
NE	Frontier	310639611001462	0	0	0	0.46	0.46	0.46	Yes
NE	Frontier	310639611001463	0	0	0	0.36	0.36	0.36	Yes
NE	Frontier	310639611001465	0	0	0	0.23	0.23	0.23	Yes
NE	Frontier	310639611001466	0	0	0	0.02	0.02	0.02	Yes
NE	Frontier	310639611001469	0	0	0	2.2	2.2	2.2	Yes
NE	Frontier	310639611001471	0	0	0	0.16	0.16	0.16	Yes
NE	Frontier	310639611001479	0	0	0	0.98	0.98	0.98	Yes
NE	Frontier	310639611001480	0	0	0	0.03	0.03	0.03	Yes
NE	Frontier	310639611001487	0	0	0	0.24	0.24	0.24	Yes
NE	Frontier	310639611001488	0	0	0	0.5	0.5	0.5	Yes
NE	Frontier	310639611001489	0	0	0	0.44	0.44	0.44	Yes
NE	Frontier	310639611001490	0	0	0	0.28	0.28	0.28	Yes

Percentage of
 Total Population
 Reached by
 Service

100

Percentage of Total
 Road Miles covered
 by Service

95

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378015
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2018
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2017 - 06/2018

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Frontier	310639611001525	0	0	0	0.04	0.04	0.04	Yes
NE	Frontier	310639611001526	0	0	0	0.21	0.21	0.21	Yes
NE	Frontier	310639611002397	0	0	0	0.11	0.11	0.11	Yes
NE	Frontier	310639611002406	0	0	0	0.56	0.56	0.56	Yes
NE	Frontier	310639611002412	0	0	0	2.46	2.46	2.46	Yes
NE	Frontier	310639611002414	0	0	0	0.05	0.05	0.05	Yes
NE	Frontier	310639611002421	0	0	0	0.69	0.69	0.69	Yes
NE	Frontier	310639611002457	0	0	0	0.25	0.25	0.25	Yes
NE	Frontier	310639611002489	0	0	0	0.82	0.43	0.43	Yes
NE	Frontier	310639611002491	0	0	0	0.31	0.08	0.08	Yes
NE	Frontier	310639611002493	0	0	0	0.05	0.04	0.04	Yes
NE	Frontier	310639611002494	0	0	0	0.25	0.21	0.21	Yes
NE	Frontier	310639611002496	0	0	0	0.21	0.21	0.21	Yes
NE	Frontier	310639611002538	0	0	0	0.11	0.02	0.02	Yes
NE	Frontier	310639611002639	0	0	0	0.03	0.0	0.0	Yes
NE	Frontier	310639611002641	0	0	0	0.16	0.11	0.11	Yes
NE	Frontier	310639611002642	0	0	0	0.28	0.21	0.21	Yes
NE	Frontier	310639611002644	0	0	0	0.27	0.25	0.25	Yes
NE	Frontier	310639611002655	0	0	0	1.2	1.04	1.04	Yes
NE	Frontier	310639611002692	0	0	0	0.67	0.67	0.67	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

95

NE Colorado Cellular, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ NE Colorado Cellular, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 690 filed in conjunction with its Auction 901 winning bids.

In the FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the PCS spectrum, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural Nebraska citizens with comparable to those available in urban areas.

As of this date Filer is in the process of testing the 4G services. Filer has completed design, construction and turn up of 4G services.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

Accepted / Filed

JUL - 2 2018

Federal Communications Commission
Office of the Secretary

<010> Study Area Code 378017

<015> Study Area Name NE Colorado Cellular, Inc.

<020> Program Year 2018

<030> Contact Name: Person USAC should contact
with questions about this data Mike Felicissimo

<035> Contact Telephone Number:
Number of the person identified in data line <030> 9705423605 ext.

<039> Contact Email:
Email of the person identified in data line <030> mike.felicissimo@viaero.com

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040>

☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)

☐ ☒

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	8314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc
<113>	Street Address (or PO Box)	1224 West Platte Ave
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc
<122>	Street Address (or PO Box)	1224 West Platte Ave
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.com

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 3 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2017 - 06/2018

-SAC_378017_Garfield_NE_Voice_Shapefile-1.zip, -
SAC_378017_Garfield_NE_Broadband_Shapefile-2.zip

[illegible]

100

99

(070) Urban Rate Comparability Certification ComplianceFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 4 of 8

<010> Study Area Code	378017
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date 06/29/2018
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378017
	Filing Due Date for this form: 07/02/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	
	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	
	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	
	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	
	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(080) Tribal Lands Reporting

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 5 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200> Date Authorized to Receive Support

07/29/2013

<201> Targeted Completion Date

07/30/2016

<202> Total Mobility Fund Support Awarded

31468.98

<203> Total Mobility Fund Support Disbursed

30965.48

<210> Actual Completion Date

03/24/2015

<211> Project Status Description (attached)

211-Nebraska Sites complete-1.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design

✓

<213> Status of Network Deployment - Construction

✓

<214> Status of Network Deployment - Deployment

✓

<215> Status of Network Deployment - Maintenance

<216> Project Budget Status

<217> Project Plan Status

✓

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G☒ 4G

(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 7 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2018

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378017

Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:**Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: _____

Name of Reporting Carrier: _____

Signature of Authorized Officer: _____

Date: _____

Printed name of Authorized Officer: _____

Title or position of Authorized Officer: _____

Telephone number of Authorized Officer: _____

Study Area Code of Reporting Carrier: _____

Filing Due Date for this form: _____

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TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: _____

Name of Authorized Agent Firm: _____

Signature of Authorized Agent or Employee of Agent: _____

Date: _____

Name of Authorized Agent Employee: _____

Title or position of Authorized Agent or Employee of Agent: _____

Telephone number of Authorized Agent or Employee of Agent: _____

Study Area Code of Reporting Carrier: _____

Filing Due Date for this form: _____

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378017
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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Garfield	310719732001004	0	0	0	0.03	0.03	0.03	Yes
NE	Garfield	310719732001007	1	1	1	0.09	0.09	0.09	Yes
NE	Garfield	310719732001009	18	18	18	6.02	6.02	6.02	Yes
NE	Garfield	310719732001010	2	2	2	1.85	1.85	1.85	Yes
NE	Garfield	310719732001013	0	0	0	0.35	0.35	0.35	Yes
NE	Garfield	310719732001014	0	0	0	2.91	2.65	2.65	Yes
NE	Garfield	310719732001016	0	0	0	0.08	0.08	0.08	Yes
NE	Garfield	310719732001017	0	0	0	0.96	0.96	0.96	Yes
NE	Garfield	310719732001018	0	0	0	0.08	0.08	0.08	Yes
NE	Garfield	310719732001020	0	0	0	0.25	0.25	0.25	Yes
NE	Garfield	310719732001021	0	0	0	0.32	0.32	0.32	Yes
NE	Garfield	310719732001022	0	0	0	0.07	0.07	0.07	Yes
NE	Garfield	310719732001023	1	1	1	5.22	5.22	5.22	Yes
NE	Garfield	310719732001024	0	0	0	0.31	0.31	0.31	Yes
NE	Garfield	310719732001025	0	0	0	0.57	0.57	0.57	Yes
NE	Garfield	310719732001026	0	0	0	0.26	0.26	0.26	Yes
NE	Garfield	310719732001027	0	0	0	0.59	0.59	0.59	Yes
NE	Garfield	310719732001029	0	0	0	0.03	0.03	0.03	Yes
NE	Garfield	310719732001035	0	0	0	0.14	0.14	0.14	Yes
NE	Garfield	310719732001036	3	3	3	2.19	2.19	2.19	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

99

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	378017
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<140>	Coverage and Performance Report Year	07/2017 - 06/2018

[illegible]

100

99

NE Colorado Cellular, Inc.

Project Status Description

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As of this date Filer is in the process of testing the 4G services. Filer has completed design, construction and turn up of 4G services.

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Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185

Avg. Burden Estimate per Respondent: 18 Hours

Accepted / Filed

JUL - 2 2018

Federal Communications Commission
Office of the Secretary

<010> Study Area Code 378018

<015> Study Area Name NE Colorado Cellular, Inc.

<020> Program Year 2018

<030> Contact Name: Person USAC should contact with questions about this data Mike Felicissimo

<035> Contact Telephone Number: Number of the person identified in data line <030> 9705423605 ext.

<039> Contact Email: Email of the person identified in data line <030> mike.felicissimo@viaero.com

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040>



<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)



Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact FormFCC Form 690
Approved by OMB
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<010>	Study Area Code	378018
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	8314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc
<113>	Street Address (or PO Box)	1224 West Platte Ave
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc
<122>	Street Address (or PO Box)	1224 West Platte Ave
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.com

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

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<140>	Coverage and Performance Report Year	07/2017 - 06/2018

-SAC_378018_Grant_NE_Voice_Shapefile-1.zip, -
SAC_378018_Grant_NE_Broadband_Shapefile-2.zip

[illegible]

100

87

(070) Urban Rate Comparability Certification ComplianceFCC Form 690
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<010> Study Area Code	378018
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<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2018
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378018 Filing Due Date for this form: 07/02/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(080) Tribal Lands Reporting

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<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

FCC Form 690

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<010>	Study Area Code	378018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/30/2016
<202>	Total Mobility Fund Support Awarded	412815.69
<203>	Total Mobility Fund Support Disbursed	350108.99

<210>	Actual Completion Date	01/19/2016
-------	------------------------	------------

<211>	Project Status Description (attached)	211-Nebraska Sites complete-1.pdf
-------	---------------------------------------	-----------------------------------

(Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input type="checkbox"/>
<216>	Project Budget Status	<input type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Network will Support 3G/4G Mobile Service ?	<input type="radio"/> 3G <input checked="" type="radio"/> 4G
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(101) Certification - Reporting Carrier

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2018

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378018

Filing Due Date for this form: 07/02/2018

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(102) Certification - Agent / Carrier

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(060) Coverage and Performance ReportFCC Form 690
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OMB Control No. 3060-1185

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 <140> Coverage and Performance Report Year 07/2017 - 06/2018

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Grant	310759563001003	0	0	0	0.06	0.06	0.06	Yes
NE	Grant	310759563001006	0	0	0	0.41	0.41	0.41	Yes
NE	Grant	310759563001019	38	38	38	0.42	0.42	0.42	Yes
NE	Grant	310759563001023	0	0	0	0.27	0.22	0.22	Yes
NE	Grant	310759563001024	7	7	7	2.51	1.34	1.34	Yes
NE	Grant	310759563001034	4	4	4	7.77	4.52	4.52	Yes
NE	Grant	310759563001038	3	3	3	0.1	0.1	0.1	Yes
NE	Grant	310759563001041	0	0	0	0.29	0.29	0.29	Yes
NE	Grant	310759563001047	3	3	3	0.08	0.08	0.08	Yes
NE	Grant	310759563001053	0	0	0	1.86	1.86	1.86	Yes
NE	Grant	310759563001056	0	0	0	0.09	0.09	0.09	Yes
NE	Grant	310759563001057	0	0	0	1.51	1.51	1.51	Yes
NE	Grant	310759563001059	3	3	3	3.58	3.36	3.36	Yes
NE	Grant	310759563001061	0	0	0	0.62	0.0	0.0	Yes
NE	Grant	310759563001064	0	0	0	1.93	1.82	1.82	Yes
NE	Grant	310759563001068	0	0	0	1.39	1.39	1.39	Yes
NE	Grant	310759563001072	0	0	0	0.63	0.63	0.63	Yes
NE	Grant	310759563001074	0	0	0	0.29	0.29	0.29	Yes
NE	Grant	310759563001075	0	0	0	0.23	0.23	0.23	Yes
NE	Grant	310759563001076	0	0	0	0.35	0.35	0.35	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

87

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
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<010> Study Area Code 378018
<015> Study Area Name NE Colorado Cellular, Inc.
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<140> Coverage and Performance Report Year 07/2017 - 06/2018

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Grant	310759563001080	0	0	0	0.03	0.03	0.03	Yes
NE	Grant	310759563001083	0	0	0	0.12	0.12	0.12	Yes
NE	Grant	310759563001084	0	0	0	0.08	0.08	0.08	Yes
NE	Grant	310759563001085	0	0	0	0.05	0.05	0.05	Yes
NE	Grant	310759563001086	1	1	1	7.57	7.52	7.52	Yes
NE	Grant	310759563001089	0	0	0	0.12	0.12	0.12	Yes
NE	Grant	310759563001092	0	0	0	0.27	0.27	0.27	Yes
NE	Grant	310759563001095	11	11	11	0.13	0.13	0.13	Yes
NE	Grant	310759563001096	0	0	0	0.08	0.08	0.08	Yes
NE	Grant	310759563001099	6	6	6	0.14	0.14	0.14	Yes
NE	Grant	310759563001107	3	3	3	7.79	4.51	4.51	Yes
NE	Grant	310759563001112	0	0	0	0.15	0.05	0.05	Yes
NE	Grant	310759563001113	0	0	0	1.45	1.39	1.39	Yes
NE	Grant	310759563001115	5	5	5	0.22	0.22	0.22	Yes
NE	Grant	310759563001119	0	0	0	0.29	0.29	0.29	Yes
NE	Grant	310759563001121	0	0	0	1.43	1.43	1.43	Yes
NE	Grant	310759563001124	0	0	0	1.57	1.21	1.21	Yes
NE	Grant	310759563001128	0	0	0	0.41	0.28	0.28	Yes
NE	Grant	310759563001130	0	0	0	1.21	0.82	0.82	Yes
NE	Grant	310759563001133	0	0	0	1.49	1.49	1.49	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

87

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Grant	310759563001142	0	0	0	0.34	0.34	0.34	Yes
NE	Grant	310759563001144	0	0	0	0.87	0.87	0.87	Yes
NE	Grant	310759563001151	0	0	0	0.04	0.04	0.04	Yes
NE	Grant	310759563001154	0	0	0	0.27	0.27	0.27	Yes
NE	Grant	310759563001155	0	0	0	0.3	0.3	0.3	Yes
NE	Grant	310759563001161	0	0	0	0.15	0.15	0.15	Yes
NE	Grant	310759563001162	0	0	0	0.74	0.72	0.72	Yes
NE	Grant	310759563001164	0	0	0	2.12	1.68	1.68	Yes
NE	Grant	310759563001167	0	0	0	6.07	3.4	3.4	Yes
NE	Grant	310759563001171	0	0	0	4.21	2.82	2.82	Yes
NE	Grant	310759563001174	0	0	0	1.34	1.34	1.34	Yes
NE	Grant	310759563001177	0	0	0	1.18	0.71	0.71	Yes
NE	Grant	310759563001182	0	0	0	1.39	0.52	0.52	Yes
NE	Grant	310759563001183	0	0	0	0.23	0.23	0.23	Yes
NE	Grant	310759563001185	0	0	0	1.75	1.56	1.56	Yes
NE	Grant	310759563001187	0	0	0	0.63	0.37	0.37	Yes
NE	Grant	310759563001189	0	0	0	0.34	0.22	0.22	Yes
NE	Grant	310759563001192	0	0	0	2.08	1.65	1.65	Yes
NE	Grant	310759563001195	0	0	0	1.27	0.67	0.67	Yes
NE	Grant	310759563001197	0	0	0	0.08	0.08	0.08	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

87

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Grant	310759563001199	0	0	0	1.65	1.65	1.65	Yes
NE	Grant	310759563001200	0	0	0	0.02	0.02	0.02	Yes
NE	Grant	310759563001202	0	0	0	0.33	0.33	0.33	Yes
NE	Grant	310759563001204	0	0	0	0.31	0.31	0.31	Yes
NE	Grant	310759563001208	0	0	0	0.78	0.6	0.6	Yes
NE	Grant	310759563001209	0	0	0	0.49	0.49	0.49	Yes
NE	Grant	310759563001212	0	0	0	0.96	0.96	0.96	Yes
NE	Grant	310759563001216	0	0	0	6.4	6.4	6.4	Yes
NE	Grant	310759563001223	0	0	0	0.78	0.78	0.78	Yes
NE	Grant	310759563001226	0	0	0	1.66	1.66	1.66	Yes
NE	Grant	310759563001228	0	0	0	2.01	2.01	2.01	Yes
NE	Grant	310759563001230	0	0	0	2.33	2.07	2.07	Yes
NE	Grant	310759563001231	0	0	0	0.92	0.79	0.79	Yes
NE	Grant	310759563001238	0	0	0	0.72	0.72	0.72	Yes
NE	Grant	310759563001240	0	0	0	0.13	0.13	0.13	Yes
NE	Grant	310759563001241	0	0	0	1.95	1.95	1.95	Yes
NE	Grant	310759563001244	0	0	0	1.29	1.13	1.13	Yes
NE	Grant	310759563001245	0	0	0	3.31	3.26	3.26	Yes
NE	Grant	310759563001247	0	0	0	1.44	1.44	1.44	Yes
NE	Grant	310759563001250	0	0	0	0.1	0.1	0.1	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

87

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378018
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 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2017 - 06/2018

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	NE	Grant	310759563001257	0	0	0	0.24	0.24	0.24	Yes
	NE	Grant	310759563001261	0	0	0	1.34	1.05	1.05	Yes
	NE	Grant	310759563001263	0	0	0	1.0	1.0	1.0	Yes
	NE	Grant	310759563001264	0	0	0	0.24	0.24	0.24	Yes
	NE	Grant	310759563001272	2	2	2	0.53	0.53	0.53	Yes
	NE	Grant	310759563001275	0	0	0	1.14	1.14	1.14	Yes
	NE	Grant	310759563001277	4	4	4	2.02	2.02	2.02	Yes
	NE	Grant	310759563001279	0	0	0	0.06	0.06	0.06	Yes
	NE	Grant	310759563001281	0	0	0	0.09	0.09	0.09	Yes
	NE	Grant	310759563001282	0	0	0	0.15	0.15	0.15	Yes
	NE	Grant	310759563001286	6	6	6	4.94	4.94	4.94	Yes
	NE	Grant	310759563001290	0	0	0	2.02	1.96	1.96	Yes
	NE	Grant	310759563001295	0	0	0	0.54	0.54	0.54	Yes
	NE	Grant	310759563001299	0	0	0	0.7	0.7	0.7	Yes
	NE	Grant	310759563001308	0	0	0	0.15	0.15	0.15	Yes
	NE	Grant	310759563001312	0	0	0	0.1	0.1	0.1	Yes
	NE	Grant	310759563001313	0	0	0	0.08	0.08	0.08	Yes
	NE	Grant	310759563001319	0	0	0	0.14	0.13	0.13	Yes
	NE	Grant	310759563001338	0	0	0	0.33	0.33	0.33	Yes
	NE	Grant	310759563001000	4	4	4	0.55	0.04	0.04	Yes

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NE	Grant	310759563001017	0	0	0	0.26	0.0	0.0	Yes
NE	Grant	310759563001022	0	0	0	0.45	0.45	0.45	Yes
NE	Grant	310759563001028	0	0	0	1.17	1.17	1.17	Yes
NE	Grant	310759563001030	0	0	0	0.22	0.22	0.22	Yes
NE	Grant	310759563001032	0	0	0	2.65	1.74	1.74	Yes
NE	Grant	310759563001035	0	0	0	0.33	0.0	0.0	Yes
NE	Grant	310759563001039	1	1	1	0.12	0.12	0.12	Yes
NE	Grant	310759563001044	0	0	0	0.7	0.67	0.67	Yes
NE	Grant	310759563001051	0	0	0	0.03	0.0	0.0	Yes
NE	Grant	310759563001060	1	1	1	2.61	2.61	2.61	Yes
NE	Grant	310759563001066	0	0	0	0.98	0.93	0.93	Yes
NE	Grant	310759563001069	0	0	0	1.06	1.06	1.06	Yes
NE	Grant	310759563001071	2	2	2	9.34	9.34	9.34	Yes
NE	Grant	310759563001081	0	0	0	0.05	0.05	0.05	Yes
NE	Grant	310759563001087	2	2	2	4.5	4.5	4.5	Yes
NE	Grant	310759563001090	0	0	0	0.4	0.4	0.4	Yes
NE	Grant	310759563001093	0	0	0	0.04	0.04	0.04	Yes
NE	Grant	310759563001098	0	0	0	0.13	0.13	0.13	Yes
NE	Grant	310759563001108	0	0	0	0.47	0.38	0.38	Yes
NE	Grant	310759563001110	0	0	0	0.06	0.0	0.0	Yes

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	NE	Grant	310759563001111	0	0	0	3.61	3.45	3.45	Yes
	NE	Grant	310759563001116	0	0	0	0.03	0.03	0.03	Yes
	NE	Grant	310759563001118	2	2	2	1.57	1.57	1.57	Yes
	NE	Grant	310759563001125	2	2	2	2.49	2.24	2.24	Yes
	NE	Grant	310759563001126	0	0	0	0.94	0.94	0.94	Yes
	NE	Grant	310759563001134	0	0	0	0.07	0.07	0.07	Yes
	NE	Grant	310759563001139	0	0	0	0.06	0.06	0.06	Yes
	NE	Grant	310759563001140	0	0	0	5.78	5.78	5.78	Yes
	NE	Grant	310759563001150	0	0	0	1.09	0.97	0.97	Yes
	NE	Grant	310759563001152	0	0	0	0.11	0.11	0.11	Yes
	NE	Grant	310759563001156	0	0	0	0.95	0.95	0.95	Yes
	NE	Grant	310759563001158	0	0	0	0.75	0.75	0.75	Yes
	NE	Grant	310759563001163	0	0	0	3.0	3.0	3.0	Yes
	NE	Grant	310759563001168	0	0	0	1.64	1.12	1.12	Yes
	NE	Grant	310759563001175	0	0	0	1.35	0.64	0.64	Yes
	NE	Grant	310759563001178	0	0	0	3.76	2.39	2.39	Yes
	NE	Grant	310759563001188	0	0	0	5.02	2.65	2.65	Yes
	NE	Grant	310759563001193	0	0	0	2.33	1.49	1.49	Yes
	NE	Grant	310759563001194	5	5	5	12.34	8.22	8.22	Yes
	NE	Grant	310759563001201	0	0	0	0.33	0.33	0.33	Yes

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NE	Grant	310759563001203	0	0	0	0.19	0.19	0.19	Yes
NE	Grant	310759563001205	1	1	1	7.07	6.59	6.59	Yes
NE	Grant	310759563001210	0	0	0	1.22	1.01	1.01	Yes
NE	Grant	310759563001211	10	10	10	6.18	6.18	6.18	Yes
NE	Grant	310759563001215	0	0	0	2.52	2.52	2.52	Yes
NE	Grant	310759563001218	0	0	0	0.75	0.75	0.75	Yes
NE	Grant	310759563001220	0	0	0	2.99	2.98	2.98	Yes
NE	Grant	310759563001232	0	0	0	0.44	0.44	0.44	Yes
NE	Grant	310759563001242	0	0	0	2.24	2.22	2.22	Yes
NE	Grant	310759563001249	0	0	0	0.55	0.45	0.45	Yes
NE	Grant	310759563001251	0	0	0	0.26	0.21	0.21	Yes
NE	Grant	310759563001253	0	0	0	2.13	1.95	1.95	Yes
NE	Grant	310759563001266	0	0	0	0.73	0.73	0.73	Yes
NE	Grant	310759563001271	0	0	0	4.26	4.2	4.2	Yes
NE	Grant	310759563001276	5	5	5	6.44	6.44	6.44	Yes
NE	Grant	310759563001284	0	0	0	0.45	0.45	0.45	Yes
NE	Grant	310759563001287	0	0	0	0.47	0.47	0.47	Yes
NE	Grant	310759563001289	0	0	0	0.62	0.62	0.62	Yes
NE	Grant	310759563001304	0	0	0	1.88	1.88	1.88	Yes
NE	Grant	310759563001317	0	0	0	0.76	0.56	0.56	Yes

Percentage of
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	NE	Grant	310759563001321	4	4	4	0.14	0.13	0.13	Yes
	NE	Grant	310759563001322	10	10	10	0.16	0.16	0.16	Yes
	NE	Grant	310759563001327	0	0	0	0.03	0.03	0.03	Yes
	NE	Grant	310759563001329	4	4	4	0.13	0.13	0.13	Yes
	NE	Grant	310759563001332	0	0	0	1.04	0.56	0.56	Yes
	NE	Grant	310759563001333	0	0	0	2.68	2.67	2.67	Yes
	NE	Grant	310759563001336	0	0	0	0.08	0.08	0.08	Yes
	NE	Grant	310759563001340	0	0	0	0.6	0.43	0.43	Yes
	NE	Grant	310759563001343	0	0	0	0.16	0.12	0.12	Yes
	NE	Grant	310759563001002	0	0	0	1.77	1.41	1.41	Yes
	NE	Grant	310759563001011	2	2	2	0.08	0.04	0.04	Yes
	NE	Grant	310759563001020	0	0	0	1.23	1.23	1.23	Yes
	NE	Grant	310759563001025	0	0	0	1.48	1.06	1.06	Yes
	NE	Grant	310759563001027	0	0	0	0.04	0.0	0.0	Yes
	NE	Grant	310759563001033	0	0	0	4.08	1.29	1.29	Yes
	NE	Grant	310759563001036	0	0	0	1.17	0.0	0.0	Yes
	NE	Grant	310759563001037	9	9	9	4.75	4.43	4.43	Yes
	NE	Grant	310759563001052	0	0	0	0.28	0.1	0.1	Yes
	NE	Grant	310759563001065	15	15	15	6.65	5.01	5.01	Yes
	NE	Grant	310759563001070	2	2	2	9.34	7.62	7.62	Yes

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NE	Grant	310759563001078	1	1	1	1.54	1.54	1.54	Yes
NE	Grant	310759563001088	0	0	0	3.84	3.84	3.84	Yes
NE	Grant	310759563001094	26	26	26	0.59	0.59	0.59	Yes
NE	Grant	310759563001101	0	0	0	1.22	1.22	1.22	Yes
NE	Grant	310759563001103	0	0	0	0.05	0.05	0.05	Yes
NE	Grant	310759563001109	0	0	0	0.42	0.42	0.42	Yes
NE	Grant	310759563001117	0	0	0	1.63	1.36	1.36	Yes
NE	Grant	310759563001120	0	0	0	0.1	0.1	0.1	Yes
NE	Grant	310759563001122	0	0	0	3.36	3.21	3.21	Yes
NE	Grant	310759563001136	0	0	0	0.07	0.07	0.07	Yes
NE	Grant	310759563001143	0	0	0	0.45	0.45	0.45	Yes
NE	Grant	310759563001146	0	0	0	2.73	2.73	2.73	Yes
NE	Grant	310759563001160	4	4	4	0.81	0.81	0.81	Yes
NE	Grant	310759563001165	0	0	0	1.0	0.19	0.19	Yes
NE	Grant	310759563001169	2	2	2	2.01	2.01	2.01	Yes
NE	Grant	310759563001172	3	3	3	14.43	10.07	10.07	Yes
NE	Grant	310759563001179	0	0	0	3.32	2.4	2.4	Yes
NE	Grant	310759563001180	0	0	0	3.28	1.99	1.99	Yes
NE	Grant	310759563001190	0	0	0	0.73	0.56	0.56	Yes
NE	Grant	310759563001196	0	0	0	0.34	0.19	0.19	Yes

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	NE	Grant	310759563001198	2	2	2	12.25	12.25	12.25	Yes
	NE	Grant	310759563001227	0	0	0	1.44	1.44	1.44	Yes
	NE	Grant	310759563001229	3	3	3	9.84	8.66	8.66	Yes
	NE	Grant	310759563001233	0	0	0	3.66	3.66	3.66	Yes
	NE	Grant	310759563001237	0	0	0	1.8	1.8	1.8	Yes
	NE	Grant	310759563001248	0	0	0	1.13	0.88	0.88	Yes
	NE	Grant	310759563001255	0	0	0	0.46	0.46	0.46	Yes
	NE	Grant	310759563001256	0	0	0	0.04	0.02	0.02	Yes
	NE	Grant	310759563001259	0	0	0	0.96	0.96	0.96	Yes
	NE	Grant	310759563001262	0	0	0	0.85	0.85	0.85	Yes
	NE	Grant	310759563001265	0	0	0	0.14	0.13	0.13	Yes
	NE	Grant	310759563001267	0	0	0	0.35	0.35	0.35	Yes
	NE	Grant	310759563001270	0	0	0	2.78	2.71	2.71	Yes
	NE	Grant	310759563001278	4	4	4	3.94	3.94	3.94	Yes
	NE	Grant	310759563001285	2	2	2	0.08	0.08	0.08	Yes
	NE	Grant	310759563001288	0	0	0	9.33	9.33	9.33	Yes
	NE	Grant	310759563001291	0	0	0	0.52	0.52	0.52	Yes
	NE	Grant	310759563001293	0	0	0	0.13	0.13	0.13	Yes
	NE	Grant	310759563001296	0	0	0	0.56	0.56	0.56	Yes
	NE	Grant	310759563001306	0	0	0	0.1	0.1	0.1	Yes

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	NE	Grant	310759563001324	9	9	9	0.29	0.29	0.29	Yes
	NE	Grant	310759563001328	5	5	5	0.07	0.07	0.07	Yes
	NE	Grant	310759563001341	0	0	0	1.03	1.03	1.03	Yes
	NE	Grant	310759563001001	0	0	0	1.29	0.56	0.56	Yes
	NE	Grant	310759563001007	0	0	0	0.1	0.1	0.1	Yes
	NE	Grant	310759563001010	0	0	0	0.89	0.87	0.87	Yes
	NE	Grant	310759563001014	0	0	0	0.2	0.16	0.16	Yes
	NE	Grant	310759563001016	4	4	4	1.28	0.88	0.88	Yes
	NE	Grant	310759563001021	8	8	8	7.37	6.72	6.72	Yes
	NE	Grant	310759563001045	0	0	0	0.61	0.61	0.61	Yes
	NE	Grant	310759563001049	0	0	0	1.08	0.15	0.15	Yes
	NE	Grant	310759563001058	0	0	0	0.61	0.21	0.21	Yes
	NE	Grant	310759563001073	0	0	0	0.85	0.85	0.85	Yes
	NE	Grant	310759563001079	0	0	0	2.18	2.18	2.18	Yes
	NE	Grant	310759563001102	0	0	0	3.38	3.38	3.38	Yes
	NE	Grant	310759563001127	18	18	18	24.12	19.43	19.43	Yes
	NE	Grant	310759563001148	6	6	6	4.81	4.81	4.81	Yes
	NE	Grant	310759563001159	11	11	11	7.03	7.03	7.03	Yes
	NE	Grant	310759563001166	0	0	0	0.04	0.0	0.0	Yes
	NE	Grant	310759563001173	4	4	4	5.74	4.86	4.86	Yes

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